Agenda Item 6.1

Discussion and Possible Adoption of Proposed Regulatory Text to Modify California Code of Regulations (CCR), Title 16, Section 1426 Regarding Required Curriculum

BRN Board Meeting | February 15-16, 2023
AGENDA ITEM: 6.1  
DATE: February 15-16, 2023

ACTION REQUESTED: Discussion and possible adoption of proposed regulatory text to modify California Code of Regulations (CCR), Title 16, Section 1426 regarding Required Curriculum.

REQUESTED BY: Loretta Melby RN, MSN  
Executive Officer, California Board of Registered Nursing

BACKGROUND: Passage of the Board’s sunset bill, Assembly Bill 2684 (Berman, Chapter 413, Statutes of 2022), updated Business and Profession Code Section 2786 to state that an approved school of nursing or nursing program shall meet a minimum of 500 direct patient care clinical hours in a Board-approved clinical setting with a minimum of 30 hours of supervised direct patient care clinical hours dedicated to each nursing area specified by the Board.

The Board’s regulations at 16 CCR 1426(g)(2), state that, with the exception of an initial nursing course that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in 16 CCR Section 1426(d) in a board-approved clinical setting.

At the May 2022 Board meeting, the Board approved language which would have removed the 75% direct patient care requirement referenced above and added a new sub section that established 500 hours, with 30 hours dedicated to each nursing content area, as the minimum amount of supervised direct patient care clinical hours required to complete a nursing program.

After the Board approved this regulatory language, the statutory changes noted above were introduced legislatively. Board staff planned to amend the regulations to conform to the new legislation, pursuant to the procedures for “Changes Without Regulatory Effect (1 CCR § 100); however, the Office of Administrative Law sees this as a discretionary policy decision by the Board, to be amended pursuant to the standard rulemaking process. Therefore, Board staff is bringing back that
portion of the previously approved text needed to effectuate the Board’s and Legislature’s intent.

The proposed text would remove the 75% direct patient care clinical requirement from 16 CCR 1426(g)(2) to alleviate confusion, as this is in direct conflict with the 500-hour/30-hour minimums established in statute and is in alignment with the previously Board-approved language.

SUMMARY OF PROPOSED CHANGES

§ 1426

- Removes the requirement for 75% of clinical hours to be completed in direct patient care in a specified nursing content area.

NEXT STEPS: Adopt the proposed regulatory text for 16 CCR 1426, direct staff to prepare the rulemaking file and proceed with review by the Director of the Department of Consumer Affairs and the Secretary of the Business, Consumer Services, and Housing Agency.

Upon their approvals, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested.

If no adverse comments are received during the 45-day comment period and no hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking and adopt the proposed regulatory text as noticed.

FISCAL IMPACT, IF ANY: Staff estimates that there will be no fiscal impact to the Board.

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§ 1426. Required Curriculum

(a) The curriculum of a nursing program shall be that set forth in this section and shall be approved by the board. Any revised curriculum shall be approved by the board prior to its implementation.

(b) The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty and shall be designed so that a student who completes the program will have the knowledge, skills, and abilities necessary to function in accordance with the registered nurse scope of practice as defined in code section 2725, and to meet minimum competency standards of a registered nurse.

(c) The curriculum shall consist of not less than fifty-eight (58) semester units, or eighty-seven (87) quarter units, which shall include at least the following number of units in the specified course areas:

1. Art and science of nursing, thirty-six (36) semester units or fifty-four (54) quarter units, of which eighteen (18) semester or twenty-seven (27) quarter units will be in theory and eighteen (18) semester, or twenty-seven (27) quarter units will be in clinical practice.
2. Communication skills, six (6) semester or nine (9) quarter units. Communication skills shall include principles of oral, written, and group communication.
3. Related natural sciences (anatomy, physiology, and microbiology courses with labs), behavioral and social sciences, sixteen (16) semester or twenty-four (24) quarter units.

(d) Theory and clinical practice shall be concurrent in the following nursing areas: geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics, and pediatrics. Instructional outcomes will focus on delivering safe, therapeutic, effective, patient-centered care; practicing evidence-based practice; working as part of interdisciplinary teams; focusing on quality improvement; and using information technology. Instructional content shall include, but is not limited to, the following: critical thinking, personal hygiene, patient protection and safety, pain management, human sexuality, client abuse, cultural diversity, nutrition (including therapeutic aspects), pharmacology, patient advocacy, legal, social and ethical aspects of nursing, and nursing leadership and management.
(1) Theory and clinical practice requirements of the curriculum will be adjusted in recognition of military education and experiences of the student, when applicable, through an individualized process for evaluating and granting equivalency credit for military education and experience that results in meeting the same course objectives and competency standards.

(e) The following shall be integrated throughout the entire nursing curriculum:
   (1) The nursing process;
   (2) Basic intervention skills in preventive, remedial, supportive, and rehabilitative nursing;
   (3) Physical, behavioral, and social aspects of human development from birth through all age levels;
   (4) Knowledge and skills required to develop collegial relationships with health care providers from other disciplines;
   (5) Communication skills including principles of oral, written, and group communications;
   (6) Natural science, including human anatomy, physiology, and microbiology; and
   (7) Related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior relevant to health-illness.

(f) The program shall have tools to evaluate a student's academic progress, performance, and clinical learning experiences that are directly related to course objectives.

(g) The course of instruction shall be presented in semester or quarter units or the equivalent under the following formula:
   (1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.
   (2) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. With the exception of an initial nursing course that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426(d).

NOTE: Authority cited: Sections 2715, 2786.1 and 2786.6, Business and Professions Code. Reference: Sections 2785, 2785.5, 2786, 2786.1, 2786.2, 2786.3, 2786.5, 2786.6 and 2788, Business and Professions Code